City of Garden City Rezoning Application



Development Information

Development Name (If applicable)				
Property Address				
Current Zoning	Proposed Zoning			
Current Use	Proposed Use			
Parcel ID	Total Site Acreage			
Proposed Water Supply	Proposed Sewage Disposal			
□ Public □ Private	□ Public □ Private			
Describe the current use of the property you wish to rezone, inclu	ding property characteristics (developed, wooded, cleared, etc.)			
Describe the use that you propose to make of the land after rezoning				
Describe the uses of the other property in the vicinity of the property you wish to rezone				
Describe how your rezoning proposal will allow a use that is suitable in view of the uses and development of adjacent and nearby property				
Will the proposed zoning change result in a use of the property, which could cause an excessive or burdensome use of existing streets, transportation facilities, utilities, or schools? Describe the proposed access.				
Please provide any additional information that you deem relevant.				

City of Garden City Rezoning Application



Applicant Information

Owner		
Name	Address	
Dhana	Finall	
Phone	Email	
Nature of Ownership Interest		
	nership Sole Proprietor Firm Corporation Associated Associ	ciation
Note: If a corporation, submit a list of of	fficers, directors & major stockholders with name, address and	
If a partnership: Submit list of all partne		
Engineer/Surveyor	☐ Same as authorized agent ☐ Check here to receive sta	aff review comments via email
Company Name	Contact (Individual Name)	
Phone	Email	
Authorized Agent (Requires Authorized	d Agent Form) ☐ Check here to receive sta	aff review comments via email
Company Name	Contact (Individual Name)	
Phone	Email	
Phone	Email	
Campaign Contribution		
List below the names of local governmer	ent officials, Garden City City Council, to whom campaign contril	butions were made, within two (2)
years immediately preceding the filing of	of this application, which campaign contributions total \$250.00	or more or to whom gifts were
made having a total value of \$250.00 or	· more.	
Elected Official's Name	Amount or Description of Gift	
understand that I will need to atten	nd or be represented by a duly authorized agent at the m	eeting of the Planning
	at my application cannot be approved unless I am represe	•
eria dia dia dia dia dia dia dia	arm, approximent to approve amount of the	
Dwint Name	Cienatura	Data
Print Name	Signature	Date

OFFICE USE ONLY						
Received By			Date Received	Case Number		
Submittal Format			Fee Amount Paid	Invoice Number		
□ Electronic	□ Paper	□ Both				